

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 008 \*\*\*150.00

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V00009</b>                           |  |
| 1. Entity Name<br><b>LEONARDI'S CATERING, INC.</b> |                                                                                   |

|                                                                                         |                                                                                |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>336 MONROE ST.<br/>HOLLYWOOD FL 33019-2004<br/>US</b> | Mailing Address<br><b>336 MONROE STREET<br/>HOLLYWOOD FL 33019-2004<br/>US</b> |
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| 2. Principal Place of Business<br><b>5400 So. UNIVERSITY DRIVE<br/>Suite, Apt. #, etc.<br/>412-B</b> | 3. Mailing Address<br><b>5400 So. UNIVERSITY DRIVE<br/>Suite, Apt. #, etc.<br/>412-B</b> |
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|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>DAVIE, FLORIDA</b> | City & State<br><b>DAVIE, FLORIDA</b> |
| Zip<br><b>33328-5312</b>              | Country<br><b>USA</b>                 |



1st MOORE CR2E034 (10/04)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0303193</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                          |  |
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| 6. Name and Address of Current Registered Agent<br><b>LEONARDI, ROBERT<br/>336 MONROE ST<br/>HOLLYWOOD FL 33019-2004</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>FRED FREIFELD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5400 SOUTH UNIVERSITY DRIVE, 412-B</b><br>City <b>DAVIE</b> FL Zip Code <b>33328-5312</b> |  |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                                                                                                                    |
| SIGNATURE <b>Robert A. Leonard</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                             | CEO <b>ROBERT A. LEONARDI, CEO</b><br><small>(NOTE: Registered Agent signature required when reappointing)</small> |
|                                                                                                                                                                                                                               | DATE <b>4/14/05</b>                                                                                                |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TPDS<br>LEONARDI, ROBERT A<br>336 MONROE ST.<br>HOLLYWOOD FL 33019-2004 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>LEONARDI, ROBERT A<br>336 MONROE ST.<br>HOLLYWOOD FL 33019-2004 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                    |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5400 SOUTH UNIVERSITY DRIVE, 412-B<br/>DAVIE, FL 33328-5312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5400 SOUTH UNIVERSITY DRIVE, 412-B<br/>DAVIE, FL 33328-5312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                           |
| SIGNATURE: <b>Robert A. Leonard</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CEO <b>ROBERT A. LEONARDI</b> 4/14/05 (315) 252-9294<br><small>Date Daytime Phone</small> |